

# State of Connecticut Commission on Fire Prevention and Control

## **FIRE OFFICER III**

## **Application for Certification**

Please **PRINT** all information legibly as it will appear on your permanent records. Both the trainer & trainee must complete this entire application prior to submission.

### **APPLICANT DATA**

| Last name   |                              |                 | First n | ame   |             | MI                                    |                                |
|---|------------------------------|-----------------|---------|---|-------------|---------------------------------------|--------------------------------|
| Home Street Addr  | ress                         |                 |         |   |             |                                       |                                |
| Town  |                              |                 |         |   | State       |                                       | Zip Code                       |
| Telephone<br>Home ( )   |                              | Work ( )        |         |   | Cell (      | )                                     |                                |
| If your address on re   | ecord has changed, check     | this box 🗌      |         |   |             |                                       |                                |
| Fire Department N   | lame:                        |                 |         |   |             |                                       |                                |
| Fire Department C   | City/Town:                   |                 |         |   |             |                                       |                                |
| Fire Fighter (Chec  | k One):                      |                 |         | Email Address:  |             |                                       |                                |
| Career Volu   | unteer 🗌                     |                 |         |   |             |                                       |                                |
|   |                              |                 |         | Your ID consists of the <u>first (3) letters of your last name</u> and <u>the last four (4) numbers</u> of your social security number. |             |                                       |                                |
| ID Number   |                              |                 |         | Example: John Adams – SS # 000-00-5555  |             |                                       |                                |
|   |                              |                 | The     | The new ID # will be ADA-5555   |             |                                       |                                |
| Certification use or  | nly                          |                 |         |   |             |                                       |                                |
| ☐ State of Connection   | cut Certified Fire Officer   | · II A          | ND      | ☐ State of Conn   | ecticut C   | ertified Fire Servi                   | ce Instructor II               |
|   |                              |                 |         |   |             |                                       |                                |
| By my signature, I acknowledge that, per State Regulations, I have <b>12 months</b> from the date of the Lead Instructor's signature on this application to complete all Certification Examination components required for this Certification.  Applicant Signature   |                              |                 |         |   |             |                                       |                                |
| WRITTEN EX  | AMINATION DA                 | TA              |         | I   |             |                                       |                                |
| Examination Date  |                              |                 |         | The Certification I minimum of 10 da Late applications  | ays prior t | o the requested e                     | cations a<br>examination date. |
|   |                              |                 |         |   |             |                                       |                                |
|   | fee required with app        |                 |         |   |             | aa ar Calandar C                      | lana                           |
| Cash  | Check ( please indica date ) | te check # and  |         | Purchase order  |             | ce or Calendar C<br>luded in tuition) | iass                           |
| By my signature below, I certify that the above information is true and correct to the best of my knowledge and that I will be a least 18 years of age on the date of the examination. I understand that intentionally making a false statement on this application will result in revocation of certification. |                              |                 |         |   |             |                                       |                                |
| Applicant's Signat  | ure                          |                 |         |   |             | Date                                  |                                |
| Remit completed ap  | plication and fee to: Com    | mission on Fire | Prevent | tion and Control, 34 P  | erimeter R  | L<br>oad, Windsor Locks               | s, CT 06096-1069               |

| FIRE OFFICER III – NFPA Standard 1021 Compliance   |   |  |  |  |
|--|---|--|--|--|
| All objectives of NFPA Standard 1021, 2009 edition, Fire Officer III, must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check off below the methodology utilized for this examination application: |   |  |  |  |
|  |   |  |  |  |
|  | Compliance Method 1 – Successful completion of the Connecticut Fire Academy Fire Officer III training program   |  |  |  |
|  | Compliance Method 2 – Submission of a National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Fire Officer III accredited certificate |  |  |  |
|  | Compliance Method 3 - Individual training or educational programs. (Prior CFPC approval required)   |  |  |  |

FFID#:

#### FIRE OFFICER III - Practical Skills Compliance

NAME:

All psychomotor objectives of NFPA Standard 1021, 2009 edition, Fire Officer III, must be successfully completed as the result of in-class activities and/or assignments or as the result of stand-alone assignments in accordance with stated guidelines. Methodology utilized for compliance must be evaluated by other than the subject instructor. The date of successful completion and evaluator initials must be entered for all objectives contained within the referenced NFPA Standard objective.

| Skill Sheet Number | Title   | Date of Completion | Evaluator Initials | Certification<br>Only |
|--------------------|---|--------------------|--------------------|-----------------------|
| 6.2.1A             | Establish Personnel Assignments                               |                    |                    |                       |
| 6.2.2A             | Develop Procedures for Hiring Process                         |                    |                    |                       |
| 6.2.2B             | Applicable Laws and Regulations for Hiring                    |                    |                    |                       |
| 6.2.3A             | Develop Procedures and programs for Promoting Members         |                    |                    |                       |
| 6.2.4A             | Encourage Professional Development                            |                    |                    |                       |
| 6.2.5A             | Develop Proposal for Employee Benefits                        |                    |                    |                       |
| 6.2.6A             | Plan for Employee Accommodations                              |                    |                    |                       |
| 6.2.7A             | Develop an Education Training Program                         |                    |                    |                       |
| 6.3.1A             | Prepare a Community Awareness Program                         |                    |                    |                       |
| 6.4.1A             | Develop a Division or Department Budget                       |                    |                    |                       |
| 6.4.2A             | Develop a Budget Management System                            |                    |                    |                       |
| 6.4.3A             | Develop Request for Proposal and Soliciting and Awarding Bids |                    |                    |                       |
| 6.4.4A             | Department Record Management System Development               |                    |                    |                       |
| 6.4.5A             | Analyze and Interpret Records and Data                        |                    |                    |                       |
| 6.4.6A             | Model Plan for Continuous Improvement                         |                    |                    |                       |
| 6.5.1A             | Evaluate an AHJ Inspection Program                            |                    |                    |                       |
| 6.5.2A             | Develop a Plan for a Fire Safety Problem                      |                    |                    |                       |
| 6.6.1A             | Prepare an Action Plan  |                    |                    |                       |
| 6.6.2A             | Develop and Conduct a Post-Incident Analysis                  |                    |                    |                       |
| 6.6.3A             | Develop a Plan for Unmet Resources                            |                    |                    |                       |
| 6.7.1A             | Develop Injury Prevention Program                             |                    |                    |                       |
| 6.8.1A             | Emergency Interagency Planning and Coordination               |                    |                    |                       |
| 6.9.1              | Presentation/Oral Communication                               |                    |                    |                       |

We the undersigned, do hereby certify that all psychomotor skills as required in NFPA Standard 1021, Chapter 6, 2009 edition, will have been satisfactorily performed and evaluated by the certified instructor whose initials appear above and that the candidate for certification will have been exposed to all objectives of NFPA Standard 1021, Chapter 6, 2009 edition, as the result of the Compliance Method checked above.

| Fire Officer III Certification Candidate Signature | Date             |
|--|------------------|
| Lead Instructor Printed Name                       | Telephone Number |
| Lead Instructor Signature                          | Date             |